

Participants Name: _____

1. That there are inherent dangers involved in participation in camp activities, such as _____ (fill in camp name).
2. That I must be aware of the risks and hazards associated with participation in this activity, such as use of equipment, slips and falls, contact with other participants, and various injuries related to this activity.
3. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
4. that the possible consequences of participating in this activity includes the possibility of serious injury or even death.

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situations I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used I will ask a staff member prior to beginning the activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in this activity

Date _____

Date _____

I know that participation in _____ (fill in camp name) may be a hazardous activity and that my child should not participate unless he/she is in good physical shape and is medically able. I assume all risks associated with participation in this activity, including but not limited to, those generally associated with this type of activity, the hazards of traveling public highways, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the above-named activity or program and in further consideration of the arrangement made for my child by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, I do hereby on behalf of my child, me heirs, executors indemnify the Mayor and Council of Rockville and all of its agents, officers and employee from any and all claims for injuries or loss to any person or property which may arise out of or result from my child's participation in the above-referenced program or activity.

I further grant permission for a doctor to administer emergency treatment of my son/daughter _____ (name of child), _____ (age), in the event I cannot be reached in a medical emergency.

Date _____